

Frequently Asked Questions: COVID-19 Testing and Clinical Management

Continue to check the [guidelines for health professionals](#) page for the most up-to-date testing recommendations. **The decision to test a patient for COVID-19 is at the clinical discretion of the provider.**

Remember, the overall effectiveness of testing to identify COVID-19 is based on testing the right people (those with the presence of risk factors), at the right time (during symptomatic period) and at the right place (hospital, clinic, WES, LTCF).

COVID-19 testing: below are answers to commonly asked questions regarding testing, interpretation of results and management of patients based on their result.

1. I want to order a COVID test but I think it's low risk. Does the patient have to self-isolate?
 - o Any patient who is tested for COVID-19, under YT Testing recommendations is required to self-isolate.
2. My patient has a new cough, sputum production and a fever. I have diagnosed him with an exacerbation of COPD. This is his typical presentation. Do I have to test him for COVID-19?
 - o In the context of no evidence of community spread in YT
 - Those presenting with cough, fever and/or chills, or difficulty breathing with no known exposure may be tested for COVID-19 at the discretion of the clinician.
 - It is reasonable to test a patient if they do not have another more likely diagnosis or if their symptoms are not improving with the routine treatment. For this example, as the patient has another more likely diagnosis (COPD exacerbation), with a history of similar diagnoses in the past, there is a low suspicion for COVID-19, thus testing is not necessary, but can be done at the discretion of the provider.
 - o In the context of evidence of community spread in YT
 - The patient should be tested for COVID-19.
3. I thought my patient had COVID-19, but the swab has come back negative. However, their symptoms are still present and are worsening. What should I consider now?
 - o If an NP swab is negative and your patient continues to have symptoms and/or is worsening, consider the following:
 - If with symptoms of a lower respiratory tract infection, repeat COVID-19 testing doing both an NP swab and sputum testing for COVID-19.
 - If no lower respiratory tract symptoms, consider repeating COVID-19 testing (NP swab).
 - If retesting, self-isolation must be continued.
 - Re-evaluate the patient for other potential diagnoses.
 - If the patient requires additional assessment that cannot be performed safely in the clinic, refer to ER.

4. My patient thinks they had COVID-19 last month and they want a serology test to see if they have been infected. Can we do this?
 - o As of May 18, 2020, Health Canada has not authorized any serological assay and PHAC-NML has not determined that any given kit is ready for large-scale deployment, though evaluations are ongoing.
 - o Testing is occurring through research protocols.
 - o The tests will likely be used for serological investigations that study how many people have become infected and whether the antibodies protect from reinfection.
 - o There are certain scenarios where serology may be useful, such as in patients who may be suffering from sequelae of the infection (COVID toes). Given the limited understanding and knowledge regarding new serological testing, results should be interpreted with caution and should not be used to direct clinical care.
5. How do I collect a good NP swab?
 - o Please visit the following link for information: <http://www.hss.gov.yk.ca/pdf/npswab.pdf>
 - o Remember to rotate the swab several times
6. I tested my client today, how long will it take before I have a result?
 - o Currently, our tests are analyzed at BCCDC. Generally, the turn around time is 2-3 days. This is dependant on the shipping from Yukon to BC. The average turn around time from the samples arriving at BCCDC is 24 hours.
7. I am testing my patient for COVID-19. What recommendations should I give related to OTC medications?
 - o OTC medications, such as anti-pyretics like Tylenol and Ibuprofen, are useful for relief of bothersome symptoms but they may also mask these symptoms. It is important to ask your patient about their use of OTC medications and to encourage the patient to document their use of these medications throughout their illness.
 - o If their COVID-19 test is negative but your patient has been using OTC medications, consider having them stop the medications for 48 hours and monitor for symptoms. If their symptoms continue or worsen, consider re-testing and possible alternative diagnoses.
8. I am seeing a patient who has developed cough and fever as of this morning and has recently returned from out-of-territory. I am suspicious for COVID-19. Since my patient developed symptoms today, do I test today or wait 24-48 hours?
 - o COVID-19 is a newly discovered virus, we are continually learning more about its infectivity, viral load concentration patterns and our testing. While there is no well-defined period for highest sensitivity in regards to testing accuracy, we know that the viral loads tend to be higher at the onset of symptoms. It is recommended to test the patient now and self-isolate. If the test were to come back negative, the patient should be

re-evaluated by the clinician. If symptoms persist or worsen and COVID-19 remains the most likely diagnosis, re-test the patient.

9. I tested a patient for COVID-19 in my clinic. Do I need to send documentation to YCDC?
 - o Yes. This helps to facilitate close follow up of your patient and their results. Without proper documentation, this follow up is significantly delayed.
10. My patient has been tested for COVID-19 (they are symptomatic but do not have any exposure/travel history) and I am sending them home to self-isolate. What kind of follow up does the patient get? Are they just called with results?
 - o Patients self-isolating following testing receive a call from YCDC or the community health centre following up on self-isolation instructions
 - o The patient will later receive a call following up with their result. YCDC or the community health centre will inquire about COVID-19 signs and symptoms.
 - If the symptoms are worse and the test is negative, there will be a conversation regarding symptoms, history and risks, and consideration is given for possibility of false negative or testing performed too early in symptomatology. The individual will likely be sent to ER or a healthcare provider for additional follow-up and possible re-testing.
 - If signs and symptoms are the same or improving and the test is negative, the patient is directed to stay home until well.
 - If the patient is now asymptomatic and the test is negative, discontinue self-isolation. Patient is to follow existing workplace directions for return to work following illness.

COVID-19 and isolation: the following are questions and answers relating to the isolation of patients, including those how have been recently tested or repatriated.

1. I tested a patient for COVID-19 because they just came back from Quebec/international travel. The patient has other family members at home, including an infant. With the negative test, we know that the rest of the house is safe right?
 - o As the patient has recently returned from out-of-territory travel, they are at risk for COVID-19.
 - o A negative test in someone who is not symptomatic but returning from travel does not definitively exclude COVID-19. The incubation period for COVID-19 is up to 14 days. The patient is to continue self-isolation due to travel for a total of 14 days from the entry date to YT. They must also monitor for symptoms as they are still at risk for developing COVID-19 and are, therefore, a risk to his household members.

- A negative test in someone who is symptomatic does not remove them from the self-isolation due to travel. The patient is to continue self-isolation. The clinician can consider retesting the individual if the symptoms are persist and/or are worsening.
 - Bottom line – testing a patient in the 14-day period does not remove or shorten the 14-day self-isolation period.
2. My patient is self-isolating following return from Quebec/international travel and they are symptomatic. I have tested the patient, do the other family members have to self-isolate too?
- If the patient is appropriately self-isolating at home, the risk is low for disease in the non-isolating household members. The household members should self-monitor and can continue their usual activities.
 - If one of the non-isolating household members were to develop symptoms, they should self-isolate and be tested.
3. My patient has a fever and cough and I am suspicious they may have COVID-19. They have already been tested twice in the past two months. Do they need to self-isolate again?
- Yes. If you are concerned for COVID-19 and you are testing your patient, they are required to self-isolate irrespective of previous testing.
4. Can my patient go outside, for a walk or hike while on self-isolation while waiting for their test result?
- Yes, provided the individual is clinically well. Consideration needs to be given to when and where the walk/hike is occurring. Taking a dog for a walk in your immediate neighbourhood and maintaining a 2 metre distance outside is fully supported, however taking a drive to a trail or going to another community for a dog walk/hike is not recommended.
5. I have just evaluated a patient and have tested them for COVID-19 because they have a cough, sore throat and runny nose. My patient asks me if his partner and kids have to self-isolate too until he has results. What is the recommendation?
- Current recommendations depend on many factors, most importantly:
 - No community spread
 - The patient is not part of a high risk group (a contact, returning traveler from outside bubble)
 - Workplaces requirements, guidance below is for workplaces that do not have established policies for this scenario
 - The patient being tested is required to self-isolate at home and follow existing self-isolation direction (see *Client hand-outs on self-isolation* <https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals>).
 - In the context of a family unit the following recommendations should be applied:
 - Limit use of all common areas
 - Wear a mask around others if not able to maintain appropriate physical distancing

- Other family members may continue to work/attend school provided they are **asymptomatic**
 - If the family member is a healthcare worker, they should follow the established PPE and work policies surrounding COVID specific to their work setting
 - For non-healthcare workers, no additional PPE recommendations.
- NOTE: Isolation of symptomatic high risk individuals (eg. contacts/travellers) is determined by YCDC. Generally, when the individual is a contact or high risk and full self-isolation can not be achieved in the home setting, ALL persons in the home will be required to self-isolate as a group, until COVID-19 can be ruled out.
6. I tested my patient for COVID-19. They are 2 years old and require additional direct care. What do I recommend to the parents?
- Current recommendations depend on many factors, most importantly:
 - No community spread
 - The patient is not part of a high risk group (a contact, returning traveler from outside bubble)
 - Workplaces requirements, guidance below is for workplaces that do not have established policies for this scenario
 - For patients who require ongoing contact and direct care within 2 metres:
 - Have the family identify one main caregiver who can self-isolate as a pair with the patient
 - If this is not possible, have the family limit the number of caregivers involved in providing care to the patient.
 - Other family members, including siblings or others not providing care, may continue to work/attend school provided they are **asymptomatic**.
 - For patients who are older and required limited direct care within 2 metres:
 - Have the healthy caregiver, along with the patient (if feasible), wear a mask
 - Other family members, including siblings or others not providing care, may continue to work/attend school provided they are **asymptomatic**
 - This caregiver will not need to self-isolate but should self-monitor, if symptoms develop, they should self-isolate and be tested, if criteria is met.

COVID-19 and a positive test: the following are questions and answers relating to care for those who have tested positive for COVID-19.

1. My patient has tested positive for COVID-19. What do I do with the family members?
 - YCDC will follow up with the confirmed case and will do contact tracing.
 - All contacts are assessed for the level and duration of exposure, in accordance with Public Health Management of Cases and Contacts.

- High risk contacts, including the whole household living with the case, will be instructed to self-isolate and they will be followed by YCDC via daily calls for symptom check (also known as active daily monitoring).
- Low risk contacts are directed to self-monitor and contact YCDC or their local health centre if any symptoms of COVID-19 develop.

COVID-19 and “bubble” jurisdictions

For Frequently Asked Questions for Health Care Providers including repatriated patients and PPE requirements for HCP, please see communication from CMOH on 2020-07-01.

Testing and management below is a table depicting current recommended approach for safe return to work. Symptoms of COVID-19 are as defined by the most current testing recommendations.

Symptoms and/or exposure	COVID-19 test	Return to work
Asymptomatic with recent travel from outside of Yukon	No test recommended unless symptoms develop	If travel to a non-bubble location and asymptomatic throughout self-isolation period, may return to work after 14 days completed. If travel to a bubble location and asymptomatic may return to work, HCPs may be required to wear PPE. See current recommendations.
Asymptomatic with close contact with a COVID-19 positive patient/household member without adequate PPE	No test recommended unless symptoms develop	Self-isolate and follow management instructions as per YCDC
Symptomatic with recent return from travel outside of Yukon (to a non-bubble location) or close contact with a COVID-19 positive patient/household member without adequate PPE	Test recommended	Negative test: May return to work after completing the 14 days self-isolation and resolution of symptoms* (with exception of a post-viral cough).
		Positive test: Self-isolate and follow management instructions as per YCDC
Symptomatic with recent return from travel outside of Yukon to a bubble jurisdiction	Test recommended	Negative test: Generally, depending on age and symptom profile* may return to work when symptom free (with exception of a post-viral cough).
		Positive test: Self-isolate and follow management instructions as per YCDC
Symptomatic with close contact with a COVID-19 positive patient/household member without adequate PPE	Test recommended	Negative test: Follow management instructions as per YCDC. If symptoms persist or worsen, consider re-testing
		Positive test: Self-isolate and follow management instructions as per YCDC
Symptomatic with any of the symptoms listed current testing recommendations	See Decision Support Tool for Testing Recommendation and Return to Regular Activities, Available at: https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals	

* See exception list included on Decision Support Tool for Testing Recommendation and Return to Regular Activities.